

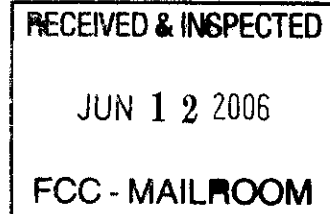
FLOYD COUNTY BOARD OF EDUCATION  
OFFICE OF THE SUPERINTENDENT  
106 North Front Avenue  
Prestonsburg, Kentucky 41653  
Telephone (606) 886-2354 Fax (606) 886-8862

Jeff Stumbo, Chair (District 3)  
Dr. Chandra Varia, Vice Chair (District 2)  
E. Martin "Mickey" McGuire, Member (District 1)  
Carol Stumbo, Member (District 4)  
Sherry Robinson, Member (District 5)

DOCKET FILE COPY ORIGINAL

June 7, 2006

Federal Communications Commission  
Office of the Secretary  
Room TW-A325  
445-12<sup>th</sup> Street, SW  
Washington, DC 20554



CC Docket NO. 02-6

RE: REQUEST FOR REVIEW OF SLD DECISION - Dated April 19, 2006

Contact Person: Debbie Dixon  
106 North Front Ave.  
Prestonsburg, Ky 41653  
606-886-4509

FUNDING YEAR 7: 07/01/2004 - 06/30/2005

BILLED ENTITY NUMBER 128928

471 APPLICATION # 397569

FRN(s): 1095820, 1095821, 109842, 1095850, 1095865, 1095869, 1095875, 1095880, 1095882,  
1095886,  
1095891, 1095895, 1095902

SPIN: 143005447 Pomeroy IT

Services Ordered: 5510- 48T Switches

Effective Date of Discount: 07/01/2004

Contract Expiration Date: 06/30/2005

Billing Account Number: 6068864509

Funding Commitment Decision: \$14,825.16 for FRN(s) 1095820 through 1095895 and \$114,644.28 for  
FRN 1095902

Floyd County Schools requests an appeal of an Invoice Rejection and partial payment to our Vendor  
Pomeroy IT dated January 30, 2006 (copy attached).

Floyd County Schools requests a review of SLD Decision based on the following reasons:

1. We were granted a Funding Commitment on listed services
2. A request for cancellation on our Form 500 was submitted before it was processed using the same procedures that we had used successfully in the past
3. SLD has no acknowledgement of cancellations on Form 500's (it was understood that SLD received our faxed request since our fax machine confirmed a successful transmission)

No. of Copies rec'd  
List ABCDE

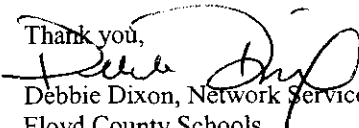
0

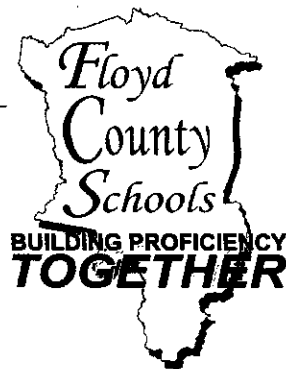
We had filed a form 500 on June 21, 2005 including service adjustments for Pomeroy identified on pages 2O through 2BB. On July 18, 2005 I received a communication from Tellena Vincent with Client Service Bureau/Problem Resolution Case # 21-281989 requesting information on my Form 500 and Pomeroy's SPIN #. Immediately after the conversation with her, I found it necessary to request a cancellation on the Pomeroy FRN's. I then sent (within 15 minutes of our conversation) a fax to her on our letterhead requesting that items 2O through 2BB be canceled from our Form 500. I have attached a copy of that fax. Because the fax went successfully, I assumed that our request had been received and the requested pages canceled. I then placed an order for the switches we had been given funding commitments for. I had no knowledge that our request had not been processed until our vendor called months later informing me of a partial payment on the invoice with the invoice rejection explanation that the amount requested on invoice was greater than remaining commitment. Had I been given notice that our request had not been processed I would have made other financial arrangements for the services.

When I began the Appeal process to the SLD concerning this matter, I was told by a SLD service representative that the SLD does not have any notification process for receiving requests of this nature. In the past I have been asked by SLD Reps to make such requests via Fax due to time issues as well as having it on our letterhead with a signature and I have done so successfully each time.

We still need these funds for the services that we received a funding commitment for. I am requesting that our original request for cancellation on Items 2O through 2BB on our Form 500 dated July 18, 2005 be granted so that we may receive the discount on these services.

Please find the attached copies of the Form 500, the cancellation request, and the Pomeroy invoices with rejections explanation.

Thank you,  
  
Debbie Dixon, Network Services  
Floyd County Schools  
106 North Front Ave  
Prestonsburg, KY 41653  
606-886-4509 desk - 606-886-9669 fax  
Debbie.Dixon@floyd.kyschools.us



**Fax Transmittal Form**

To *Tellena Vincent* From

Debbie Dixon, Technology Services

Name:

Organization Name/Dept:

CC:

Phone number:

*606-886-8736*

Urgent

Phone: 606-886-4509

Fax: 606-886-9669

Email: ddixon@floyd.k12.ky.us

Date sent:

Time sent:

*7-18-05*

For Review

Number of pages including cover page: 2

Please Comment

**Message:**

*Per our conversation concerning  
Pomeroy, Please Cancel  
Items 20 thru 2BB on  
our form 500.*

*Thanks  
Debbie Dixon*

Billed Entity Name Floyd County Schols Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 20

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember:** The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095880

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon

Billed Entity Number 128928 Contact Telephone Number 606886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2P

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095882

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143605447

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$14,825.16	\$2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie DixonBilled Entity Number 128928 Contact Telephone Number 606 886 4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2A

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095886

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

#### ADJUSTMENT TO FRN LISTED ABOVE:

<b>(F) Service Start Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
<b>(G) Contract Expiration Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
<b>(H) Cancel FRN</b>	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
<b>(I) Reduce FRN</b>	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$14,825.16	\$2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon

Billed Entity Number 128928 Contact Telephone Number 6068864509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2B

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095891

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$114,825.16	\$2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon

Billed Entity Number 128928 Contact Telephone Number 606 886 4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 25

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095865

(C) Billing Account Number (required, if contained in your FCDL): 606 886 4509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
------------------------	-----------------------------	------------------------

<input type="checkbox"/> Change Date		
--------------------------------------	--	--

(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
------------------------------	-----------------------------	------------------------

<input type="checkbox"/> Change Date		
--------------------------------------	--	--

(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
----------------	-----------------------------	------------------------

<input type="checkbox"/> Please Cancel		\$0.00
--	--	--------

(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
----------------	---------------------------------------	--

<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70
---	--------------	-------------



Billed Entity Name Floyd County Schools Contact Name Debbie DixonBilled Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2T

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095869

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

#### ADJUSTMENT TO FRN LISTED ABOVE:

<b>(F) Service Start Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
<b>(G) Contract Expiration Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
<b>(H) Cancel FRN</b>	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
<b>(I) Reduce FRN</b>	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2** 2A

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095875

(C) Billing Account Number (required, if contained in your FCDL): 606-886-4509

(D) Service Provider Name (required): Pomeroy ET

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2Y

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095878

(C) Billing Account Number (required, if contained in your FCDL): 606 886 4509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$14,825.14	\$2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606 886 4509

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2W

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember:** The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095820

(C) Billing Account Number (required, if contained in your FCDL): 606 886 4509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$14,825.16	\$2,294.10

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2X

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569  
(B) Funding Request Number (required): 1095821  
(C) Billing Account Number (required, if contained in your FCDL): 606 886 4509  
(D) Service Provider Name (required): Pomeroy IT  
(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 24

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember:** The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095842

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
------------------------	-----------------------------	------------------------

<input type="checkbox"/> Change Date		
--------------------------------------	--	--

(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
------------------------------	-----------------------------	------------------------

<input type="checkbox"/> Change Date		
--------------------------------------	--	--

(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
----------------	-----------------------------	------------------------

<input type="checkbox"/> Please Cancel		\$0.00
--	--	--------

(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
----------------	---------------------------------------	--

<input checked="" type="checkbox"/> Please Reduce	\$14,825.76	\$12,294.70
---	-------------	-------------

Billed Entity Name Floyd County Schools Contact Name Debbi-Dixen  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 22

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file Form 486.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1096850

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70

Billed Entity Name Floyd County Schools Contact Name Debbie Dixon

Billed Entity Number 128928 Contact Telephone Number 6068864509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2** 2AA

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569

(B) Funding Request Number (required): 1095895

(C) Billing Account Number (required, if contained in your FCDL): 6068864509

(D) Service Provider Name (required): Pomeroy IT

(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 14,825.16	\$ 2,294.70



Billed Entity Name Floyd County Schools Contact Name Debbie Dixon  
Billed Entity Number 128928 Contact Telephone Number 606-886-4509

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2 2BB

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

**IDENTIFICATION OF THE FRN TO BE ADJUSTED**

(A) Form 471 Application Number (required): 397569  
(B) Funding Request Number (required): 1095902  
(C) Billing Account Number (required, if contained in your FCDL): 6068864509  
(D) Service Provider Name (required): Pomeroy IT  
(E) Service Provider SPIN (required): 143005447

**ADJUSTMENT TO FRN LISTED ABOVE:**

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input checked="" type="checkbox"/> Please Reduce	\$ 114,644.28	\$ 13,768.20



2000 L Street, N.W., Suite 200  
Washington, DC 20036  
Phone: (888) 641-8722

JANUARY 30, 2006

0000045 0010000015 -000700000031-0021840130  
POMEROY IT SOLUTIONS  
John Cruse  
1020 Petersburg Rd  
Hebron, KY 41048

SPIN: 143005447  
CHECK DATE: 01/30/06  
CHECK NUMBER: 0160196058  
CHECK AMOUNT: \$41,304.60

PAGE: 1 OF 1

DATE	USAC REF. NUMBER	SUPPORT MECHANISM	GROSS AMOUNT	DISCOUNT	NET AMOUNT
01/26/06	0000228954	SL - SEE REMITTANCE STMT	\$41,304.60	\$0.00	\$41,304.60
TOTAL			\$41,304.60	\$0.00	\$41,304.60

SPIN - Service Provider Identification Number; Date - Date Processed By USAC;  
USAC Ref. Number - USAC Reference Number; Support Mechanism - Universal Service Support Mechanism;  
Gross Amount - See Net Amount; Discount - N/A; Net Amount - Your Payment Amount

PLEASE FOLD ON PERFORATION AND DETACH HERE. THIS CHECK IS PRINTED ON A BLUE BACKGROUND



2000 L Street, N.W., Suite 200  
Washington, DC 20036  
Phone: (888) 641-8722

TO REPORT WASTE, FRAUD AND ABUSE OF PROGRAM  
FUNDS, PLEASE CALL (888) 641-8722.

0160196058  
JANUARY 30, 2006

70-2302/719

VOID AFTER 180 DAYS

\*\*\*\*\*\$41,304.60\*\*\*

Pay To The Order Of: POMEROY IT SOLUTIONS  
ATTN: John Cruse

Amount: FORTY ONE THOUSAND THREE HUNDRED FOUR DOLLARS AND 60/100

LASALLE BANK N.A.  
CHICAGO, ILLINOIS 60603

Authorized Signature

0160196058 071923022 5590045695

0143005447 0001 P01 BPO 1N0000 ML1 IH0000 AL01

Pomeroy IT Solutions  
ATTN : John Cruise  
1020 Petersburg Rd  
Hebron KY 41048

SPIN # 143005447 USAC REFERENCE # C000228954

STATEMENT DATE 01/26/2006

01/26/2006	143005447 1095820	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250456;Amount Requested:2065.23;		
01/26/2006	143005447 1095821	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250457;Amount Requested:2065.23;		
01/26/2006	143005447 1095842	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250458;Amount Requested:2065.23;		
01/26/2006	143005447 1095850	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250459;Amount Requested:2065.23;		
01/26/2006	143005447 1095855	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250460;Amount Requested:2065.23;		
01/26/2006	143005447 1095869	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250461;Amount Requested:2065.23;		
01/26/2006	143005447 1095875	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250462;Amount Requested:2065.23;		
01/26/2006	143005447 1095880	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250464;Amount Requested:2065.23;		
01/26/2006	143005447 1095882	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250465;Amount Requested:2065.23;		
01/26/2006	143005447 1095886	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250466;Amount Requested:2065.23;		
01/26/2006	143005447 1095891	LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250467;Amount Requested:2065.23;		

Direct questions to USAC Customer Service Bureau 888-641-8722 PG 1 OF 3

0143005447 0002 PYX BPO 1N0000 MLI IN0000		
01/26/2006	143005447 1095895 LTFLOYD-11	2065.23
	SLD Invoice Number:623804;Line Item Detail Number: 2250469;Amount Requested:2065.23;	
01/26/2006	143005447 1095902 LTFLOYD-11	12284.78
	SLD Invoice Number:623804;Line Item Detail Number: 2250470;Amount Requested:12284.78;	
01/26/2006	143005447 1095820 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250621;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095821 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250622;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095842 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250629;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095850 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250630;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095865 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250635;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095869 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250639;Amount Requested:2065.23;Partial Paymnt,	
01/26/2006	143005447 1095875 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250662;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095880 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250669;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095882 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250684;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095886 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250685;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095891 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250686;Amount Requested:2065.23;Partial Paymnt, Inv > Remaining Commitment;1201;	
01/26/2006	143005447 1095895 LTFLOYD-12	229.47
	SLD Invoice Number:623886;Line Item Detail Number: 2250687;Amount Requested:2065.23;Partial Paymnt,	

0143005447 0003 PXX BPO 1N0000 ML1 IN0000  
Inv > Remaining Commitment;1201;

1483.42

01/26/2006 143005447 1095902 LTFLOYD-12  
SLD Invoice Number:623886;Line Item Detail Number:  
2250688;Amount Requested:13204.13;Partial Paymnt,  
Inv > Remaining Commitment;1201;

41304.60



7005 1820 0007 8696 5170



UNITED STATES POSTAGE  
02 1A  
0004607435  
MAILED FROM ZIP CODE  
\$ 05.  
JUN 06  
PITNEY BOWEN

Route

**Tina**

Delivery Point

**TW-B204**

06/12/06  
12:04:50

OMD

PO#

Sdr FLOYD COUNTY SCHOOLS

70051820000786965170



W1020040R3

TE